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\*\* CONTINUING DATA \*\*\*\*\* *None HCB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Yes HCB*  
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged  Examiner's Signature <i>Hauschild</i> Initials <i>HCB</i>				

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## TITLE

Device for producing a printing form

☐ All Fees

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